AU6 2 9 2005 the Pap

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Thereby appoint:    Practitioners associated with the Customer Number:	I hereby 37 CFR 3	revoke all previous powers of attorney (3.73(b).	given in the app	olication identified	in the attached state	ement under		
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Prac	titioners associated with the Customer Number:						
Name Registration Number    Name   Registration   Number   Registration   Number	OR							
as altometric) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  The address associated with Customer Number:  The address associated with Customer Number:  OR  Firm or Address  PO BOX 24103  State WA  Zip 8 24 - Q10  Country  Telephone  1 - 866 - 988 - 0970  Email Puttle 4 August 1 is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) from PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) from PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Date	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned garly to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  The address PO BOX 24103  City Suttle State WA ZipQ8124—OTO  City Suttle State WA ZipQ8124—OTO  Telephone - 866 - 988 - 0970 Email Date at 44107 C I DX ON  Assignee Name and Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Date		Name		N	iame			
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name IPX Corporation Paul A. Taylor  Address PO Box 24103  City Suttle State WA Zip98124-CIOS  Country USA  Telephone I-866-988-0970 Email Dawl & Taylor CIPX on Individual Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SignAture Date  Date			Number					
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name IPX Corporation Paul A. Taylor  Address PO Box 24103  City Suttle State WA Zip98124-CIOS  Country USA  Telephone I-866-988-0970 Email Dawl & Taylor CIPX on Individual Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SignAture Date  Date								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name IPX Corporation Paul A. Taylor  Address PO Box 24103  City Suttle State WA Zip98124-CIOS  Country USA  Telephone I-866-988-0970 Email Dawl & Taylor CIPX on Individual Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SignAture Date  Date								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name IPX Corporation Paul A. Taylor  Address PO Box 24103  City Suttle State WA Zip98124-CIOS  Country USA  Telephone I-866-988-0970 Email Dawl & Taylor CIPX on Individual Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SignAture Date  Date							•	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name IPX Corporation Paul A. Taylor  Address PO Box 24103  City Suttle State WA Zip98124-CIOS  Country USA  Telephone I-866-988-0970 Email Dawl & Taylor CIPX on Individual Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SignAture Date  Date								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or IPX Corporation / Paul A. Taylor  Address PO Box 24103  City Suttle State WA Zip 98124—0105  Country USA  Telephone 1-866-988-0970 Email Dawl • taylor @ IPX on  Assignee Name and Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature Date  Signature Date	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents							
The address associated with Customer Number:  OR  Firm or IPX Coxporation / Paul A. Taylor  Address PO Box 24103  City Stattle State WA Zip98124-0103  Country USA  Telephone 1-866-988-0970 Email Paul • taylor CIPX on  Assignee Name and Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must Identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Date								
Signature   Date   Da								
Firm or IPX Corporation / Paul A. Taylor  Address PO BOX 24103  City Seattle State WA Zip98124-0103  Country USA  Telephone I-866-988-0970 Email Paul of taylor CIPX on Inc. Com  Assignee Name and Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Date	The address associated with Customer Number:							
Address PO BOX 24103  City Suttle State WA ZipQ8124-0103  Country VSA  Telephone 1-866-988-0970 Email Dawl • taylor CIPX on Inc. Com  Assignee Name and Address:  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Date								
City Seattle State WA Zip 98124-0105  Country USA  Telephone 1-866-988-0970 Email Daw at the Top Cip X on Inc. Com  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature Date	Individual Name I / \ CODOVILLON / POWING IN- NUMION							
City State WA Zip 48124-0105  Country  Telephone	PO Box 74103							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Date								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	Country	1)SA						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	Telephon	· 1-866-988-	-0970	Email Dawl	· taylor @	ipxon	ine.com	
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	Assignee N	lame and Address:						
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	Addignoc							
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date								
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	:							
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	filed in ea	ach application in which this form is use	d. The statement	nt under 37 CFR 3.' ner is authorized to	73(b) may be complet act on behalf of the	ted by one of assignee.		
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date	and must identify the application in which this Power of Attorney is to be filed.							
Signature Date								
rame								
Title					reichitotte	<del>, , , , , , , , , , , , , , , , , , , </del>		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.